

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30156

1. Entity Name

LEMON BAY ISLES PHASE 3/4 PROPERTY OWNERS ASSOCI

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90205 021 ****61.25

Principal Place of Business 6100 TOUCAN DR ENGLEWOOD FL 34224 US	Mailing Address 6100 TOUCAN DR 8407 BUTTONQUAIL DR. ENGLEWOOD FL 34224-9624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0466385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WRIGHT, ANDREW
8466 KINGLET DRIVE
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, ANDREW	
STREET ADDRESS	8466 KINGLET DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAWES, FRANCES	
STREET ADDRESS	6052 SHEARWATER DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GODLEWSKY, MARY	
STREET ADDRESS	8358 KINGLET DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCWHIRTER, KENNETH	
STREET ADDRESS	6089 TOUCAN DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILEWSKI, LEO	
STREET ADDRESS	8467 TANAKA DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E. MCWHIRTER **4-26-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #